Application or Docket Number

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1)						(Column 2)			SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			.27				F	RATE FEI		7	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		* (<			(\$ 9=	134	OR	X\$18=	
INDEPENDENT CLAIMS			زل minus 3 =		* (				1			
<u> </u>		NDENT CLAIM P					<u> </u> -	(43=	43	OR	X86=	
							+	145=		OR	+290=	
* If	the difference	in column 1 is	less than z	zero, enter "0" in column 2			T	OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	I	1	(Colun		(Column 3)	SI	MALL	LL ENTITY		SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	x	\$ 9=		OR	X\$18=	
	independent	*	Minus	***		=	X	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=			+290=	
								TOTAL		OR	TOTAL	
								T. FEE		OR,	ADDIT. FEE	
_		(Column 1) CLAIMS	]	(Colum		(Column 3)	l —		ADDI	1 1		4001
MENDMENT B	,	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	43=		OR	X86=	
Α.	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM							
								45= TOTAL		OR	+290=	
										OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	Y/	3=		. 1	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·	<del></del>		OR	700-	
+145= OR +290=												
**	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OFT TOTAL ADDIT. FEE  **OFT TOTAL ADDIT. FEE											
***	i tne ⁻Highest Nui The "Highest Num	mber Previously Pa ber Previously Paic	ig For IN THI: I For* (Total or	S SPACE is Independer	ness thar nt) is the	า 3, enter "3." highest number			ropriate box		• .	